



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ADMINISTRATION

Office of Employee Benefits

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**AFFIDAVIT OF DOMESTIC PARTNERSHIP &
DOMESTIC PARTNER DEPENDENT DECLARATION FORM**

Employee Name

Domestic Partner Name

1. Evidence and Certification of Domestic Partnership:

In accordance with R.I. Gen. Laws §§36-12-1, et. seq., we hereby certify that as domestic partners, we meet the following criteria:

- We are at least eighteen (18) years of age and are mentally competent to contract.
- Neither of us is married to anyone else.
- We are not related by blood to a degree which would prohibit marriage in Rhode Island.
- We reside together and have resided together for at least one (1) year.
- We are financially interdependent as evidenced by at least two (2) of the following four (4) items:
(Circle two as appropriate. Note that two items from #3 below only count as one of the two required items to prove financial interdependency. If you circle two items from #3 below you must also provide evidence of either #1, #2, or #4 below. Attach appropriate documentation.)
 1. Domestic Partnership Agreement or a Relationship Contract.
 2. Joint mortgage or joint ownership of primary residence.
 3. As partners, we are financially interdependent as evidenced by at least **two (2)** of the following items: (circle two):
 - joint ownership of vehicle
 - joint checking account
 - joint credit account
 - joint lease
 4. The domestic partner has been designated as a beneficiary for the employee's will, retirement contract, or life insurance.

2. Change in Status of Domestic Partnership:

I (employee) agree to notify the Administrator of the Office of Employee Benefits if the status of my domestic partner relationship changes - including termination of the relationship or failure to meet any of the above criteria - no later than thirty-one (31) days from the date of such change. I understand that my failure to do so will prevent me from obtaining refunds of co-shares paid and/or imputed income tax withheld.

3. Insurance Coverage under R.I. Gen. Laws §§36-12-1, et. seq.:

We understand that under R.I. Gen. Laws §§36-12-1, et. seq., insurance coverage is available to the following:

- The employee;
 - The employee's spouse or domestic partner; and
 - The employee's children under the age of 26 (or as otherwise permitted by law), but not the domestic partner's children unless adopted by the employee.
4. We understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility for benefits.
5. We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. Misrepresentation of information in this Affidavit will result in the obligation to repay the benefits received, and a civil fine

not to exceed one thousand dollars (\$1,000) enforceable by the Rhode Island Attorney General and payable to the general fund.

Employee Signature

Employee Social Security #

Date

Domestic Partner Signature

Domestic Partner Social Security #

Date

DOMESTIC PARTNER DEPENDENT DECLARATION FORM

If your domestic partner does not meet the definition of a dependent pursuant to Internal Revenue Code Section 152 (as modified by Section 105(b)), federal law requires that the fair market value of the coverage extended to your domestic partner must be imputed to you as income on your paycheck and must be reflected on the W-2 issued to you by the State of Rhode Island.

SECTION 1.

(a) Does your domestic partner receive over one-half of his/her support from you? _____ Yes _____ No

(b) Do you claim your domestic partner as a tax dependent? _____ Yes _____ No

(c) Is your domestic partner a U.S. citizen, a U.S. national, or a resident of the U.S., Canada or Mexico during the calendar year in which you claim him/her as a dependent? _____ Yes _____ No

(d) Can your domestic partner be claimed as a "qualifying child" by someone else? (Generally, a qualifying child is a dependent under age 19 (age 24 if a full-time student) that meets certain IRS requirements) _____ Yes _____ No

If you have answered "Yes" to questions (a), (b) and (c), and "No" to question (d), complete Section 2.
For all other responses, complete Section 3.

SECTION 2. CERTIFICATION – Meets IRS Requirements (no imputed income)

I hereby certify to the Plan Administrator that my domestic partner does meet the definition of a dependent pursuant to Section 152 (as modified by Section 105(b)) of the Internal Revenue Code. I understand that falsely certifying to the tax-dependent status of my domestic partner may result in adverse tax consequences and potential charges of tax fraud.

Employee's signature: _____

Date: _____

SECTION 3. CERTIFICATION – Does Not Meet IRS Requirements (imputed income)

I hereby certify to the Plan Administrator that my domestic partner does not meet the definition of a dependent pursuant to Section 152 (as modified by Section 105(b)) of the Internal Revenue Code. Since my domestic partner does not meet the definition of a dependent pursuant to Section 152 (as modified by Section 105(b)) of the Internal Revenue Code, the fair market value of the coverage extended to my domestic partner will be imputed to me as income on my paycheck and will be reflected on the W-2 issued to me by the State of Rhode Island.

Employee's signature: _____

Date: _____

IN THE EVENT THAT THERE IS A CHANGE IN THE FUTURE WHICH WOULD AFFECT AN ANSWER TO A QUESTION ON THIS FORM, YOU ARE REQUIRED TO INFORM THE OFFICE OF EMPLOYEE BENEFITS IN WRITING IMMEDIATELY. YOUR FAILURE TO DO SO WILL PREVENT YOU FROM OBTAINING REFUNDS OF CO-SHARES PAID AND/OR IMPUTED INCOME TAX WITHHELD. THE OFFICE OF EMPLOYEE BENEFITS WILL NOT COORDINATE SUCH REFUNDS IF IT IS NOT TIMELY NOTIFIED OF THE CHANGE (NO LATER THAN THIRTY-ONE DAYS FROM THE DATE OF THE CHANGE).